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Military Brats: Members of a Lost Tribe

ome of you who are reading this column likely are military brats from one branch or another. Many of us felt the call to give back by either joining the military, PHS, or working in organizations like the VA, treating former service members. That certainly was a huge motivation for me to become a VA physician. I always felt more welcomed, even felt at home, at the VA or at a military hospital than I did at any civilian health care facility. And many of my colleagues feel the same way. Other brats have never interacted much with the military except for their being raised by family members in the armed forces; yet this designation is still a part of their identity, one that is especially important as the number of Americans with a military connection continues to decline.

The percentage of adults > 50 years old who have an immediate family member who served in the military is 77%; the percentage of those aged 30 to 49 years is 57%; and aged < 30 years, only 33%. Almost 5% of adult Americans are military brats. This demographic trend brings with it an increasing chance that current and former service members may feel socially isolated and that many health care professionals will struggle to relate to, and appreciate, their unique cultural background.

Authors always should acknowledge any material conflict of interest, and as a double Army brat, I am far from objective on this subject. I was born and raised on an army base. My

father was a career military physician, and my mother, albeit briefly, was an army nurse. Some of my earliest memories are of being with my father and driving around Fort Sam Houston when everyone and everything stopped upon hearing the sound of a bugle (at the time, it was still a real bugle). My father and I would get out of the car. He would salute, and I would stand as still as a small active child can while we turned toward the flag being lowered over the base.

In reading about army brats, this memory seems to be a common one. Many individuals have commented on how this repeated experience from their youth instilled in them a sense of respect for our flag and country and an appreciation of order and discipline that stayed with them long after they became adults.

Obviously, while those of us claiming this identity use it positively as a phrase of winsome nostalgia and civic pride, in everyday language a brat is a pejorative reference. The online magazine Military Brat Life, defines the term as "someone, who, as a child, grows up in a family where one or more parents are 'career' military, and where the children move from base to base, experiencing life in several different places and possibly different countries."2 The phrase denotes an individual whose parents at some point served full-time in the military, no duration is specified or whether the parents had to be active duty, reserve or National Guard members. The prefix for the label comes from the military branch in which the parents primarily served, though like hyphenated names some younger generations will introduce themselves as a Navy-Air Force brat. Other sites suggest that it doesn't refer to a spoiled child at all but actually is yet another of the acronyms that proliferate in military environments. Although after I read these possible theories, many seemed retrospective attempts to jettison the negative connotations.

I learned that like others sharing similar formative experiences, military brats are considered a subculture or a third culture, in some of the literature. There is a dearth of scholarly data about the phenomenology and social psychology of adults who spent some of their formative years under the auspices of military culture. As in any foray into cultural competence, avoiding stereotypes is crucial. However, research has shown that the experience of growing up in the military is one that bestows resilience and risk.3 It is also an important piece of a patient's narrative that health care professionals in and out of the federal system should consider to provide patient-centered care.

A childhood in a military environment is often romanticized as shaping an adult who is worldly, cosmopolitan, resilient, and tolerant. Although these are adaptive traits that children of military personnel develop, there also is a far darker side emerging in the research.⁴ We are all too aware of the epidemic of suicide, opioid use, and posttraumatic stress disorder that

has developed in the wake of our country's latest and lasting conflicts. The reverberations of these mental health problems are felt by the children who lived through them or who lost loved ones to war or suicide. The DoD has begun recognizing this collateral damage and is developing innovative programs to help children and adolescents.

We need to do more though, not just in this arena when the wounds occur, but also later when those wounded come to nurse practitioners and psychologists, social workers, and physicians. Our growing number of community partners through Choice and other programs also need to be aware of the potential mental

health impacts of being a military brat or family member.

In the introduction to one of the best books written on the subject, Military Brats: Legacies of Childhood Inside the Fortress, author Pat Conroy wrote, "I thought I was singular in all this, one of a kind.... I discovered that I speak in the multitongued, deepthroated voice of my tribe. It's a language I was not even aware I spoke... a secret family I did not know I had.... Military brats, my lost tribe, spent their entire youth in service to this country, and no one even knew we were there "5

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